



Georgia Leadership Institute  
2 Martin Luther King Jr. Drive, Suite 1904 West  
Atlanta, GA 30334

Phone: (404) 651-8717 Fax: (770) 357-9019

Visit our website at <http://www.spa.ga.gov/gli/flash/v3/index.htm>

## Georgia Leadership Boot Camp Registration Form

Thank you for your interest in attending the *Georgia Leadership Boot Camp*. Individuals must meet their agency selection criteria and be approved by the agency head or his or her designee. Please use this form to register for the *Georgia Leadership Boot Camp* only.

**Boot Camp Attendance Dates:** \_\_\_\_\_

Programs Included		
Day 1:	DiSC Profile Assessment	Ethics and Accountability
Day 2:	Unlawful Harassment and Discrimination	Leading Across Generations
Day 3:	Managing Employee Performance	Legal Issues for Leaders
Day 4:	Introduction to Leadership	
Day 5:	Inspiring Trust	

Please complete all fields of the form, have the appropriate person sign for approval and then fax or mail the completed and approved form to the fax number or address listed above.

### Registrants' Information:

	Full Name	Title	PeopleSoft ID#	Organization Code/ Customer Number	Email Address	Work Number & Fax Number
1.						(W) (F)
2.						(W) (F)
3.						(W) (F)
4.						(W) (F)
5.						(W) (F)

For each registrant above please provide the requested information. The registrant's number above must correspond with the number below.

Registrant's Name	Supervisor's Name	Supervisor's Telephone Number	Supervisor's Email Address
1.			
2.			
3.			
4.			
5.			

### Agency Approval:

Name of Approving Authority:		Title:	
Email Address:		Phone:	

Signature:	
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**GEORGIA  
LEADERSHIP  
INSTITUTE**  
*Leading the Way for a New Georgia*

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### Billing Information – Select Method of Payment:

☐ Check made payable to State Personnel Administration  
Checks should include: Registrant's Name, Course Title, Series Start Date, and Registrant's PeopleSoft ID Number.  
(Please mail a copy of the completed registration form with check)

☐ Money Order (please include same information as requested on checks)

☐ Credit Card/State Purchasing Card

☐ Bill Us

☐ Visa ☐ MasterCard

P.O. Number:

\*Cardholder's Name:

Bill to (contact name):

Card/Account Number:

Phone:

Expiration Date:

Billing Address:

Cardholder's Signature:

Org. Code/Customer Number to be billed:

*\*Signature commits agency to payment for training*

### Fax/Mail CANCELLATION FORM

If you choose to cancel or substitute, complete the section below.

CANCELLATION	PARTICIPANT SUBSTITUTION *Reg. Form required
Participant Name:	Name of Substitute:
Course/Event Title:	PeopleSoft Employee or Social Security #:
Location:	Substituting for:
Date:	Substitution Course/Event Title:
PeopleSoft Employee ID # or Social Security Number:	Substitution Location:
	Substitution Date:

**NOTE:** Substitutions are only allowed prior to attending the first day of the Boot Camp. If you are unable to attend the class, please notify the registrar.

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrations may be cancelled up to 10 workdays prior to the beginning of the course. ALL CANCELLATIONS MUST BE IN WRITING. Complete Section 4 of the State Personnel Administration Registration Form to cancel a registration. **Cancellations made after the tenth day will be subject to full fee assessment.** Substitutions are allowed. If there are fewer than six (10) participants registered, we reserve the right to cancel the class at least 10 days in advance. Participants that are registered will receive notification of cancellation and schedule of next available date and/or full refund.

### For SPA Use Only

Cancellation Completed:	Date:	Registrar: (Initials)
Substitution Completed:	Date:	Registrar: (Initials)

Thank you for your registration(s) to attend Georgia Leadership Boot Camp. SPA wants to ensure that all individuals who attend training and development programs receive proper credit on training records, and that organizations and individuals are accurately invoiced or credited for payments. In order to meet our goals, we must receive registration forms that are complete.

Please use only the appropriately noted registration forms. **Do not alter or change the form.** Fax the form to (770) 357-9019 or mail it to: State Personnel Administration/Georgia Leadership Institute, 2 Martin Luther King Jr., Drive, Suite 1904, Atlanta, GA 30334. Upon receipt, your application will be processed.

You will receive a confirmation of your registration by e-mail. Registrations may be cancelled up to 10 workdays prior to the beginning of the course. ALL CANCELLATIONS MUST BE IN WRITING. Complete Section on bottom of page 2 of the State Personnel Administration Registration Form to cancel a registration. **Cancellations made after the tenth day will be subject to full fee assessment.** Substitutions are allowed. If there are fewer than six (6) participants registered, we reserve the right to cancel the class at least 10 days in advance. Participants that are registered will receive notification of cancellation and schedule of next available date and/or full refund. Please feel free to call us if you have any questions. Contact us in advance of the course/event if a registrant will need an accommodation.

Again, thank you for choosing State Personnel Administration Georgia Leadership Institute & Enterprise Learning to meet your training and development needs.

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State Personnel Administration, Georgia Leadership Institute & Enterprise Learning Staff